



Request to Amend to the Initial Plan of Care

This form is intended to be used only to amend the Initial Plan of Care prior to the development of the comprehensive Individual Support Plan (ISP). If the requested waiver service requires a physician order, please attach a copy.

Upon approval, this form serves as an amendment to the Initial Plan of Care and must be included in the file with the approved Pre-Admission Evaluation (PAE).

Service Recipient's Information

Name _____

Date of Birth _____

Social Security Number _____

Service Name	Service Code	Provider Name & Provider Code	Start Date & End Date	Unit Rate & Unit Type	# of Units & Cost	Decision		
						Approved	Denied	Approved with modification

Name of ISC or Case Manager _____ Signature _____ Date _____

Name of Regional Office Reviewer _____ Signature _____ Date _____